

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

10599397

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3	2						
4	1						
5	8						
6							
7	1		1				
8	1						
9	2						
10	2						
11	2						
12							
13							
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15							
16							
17	1		1				
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48							
49							
50							
TOTAL IND.			4				
TOTAL DEP.			13				
TOTAL CLAIMS			17				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL DEP.							
TOTAL CLAIMS							